

7 FAM 560 DEPARTMENT OF LABOR

(TL:CON-83; 08-25-2004)
(Office of Origin: CA/OCS/PRI)

202-513-6800

**Toll-free numbers within U.S.:
1-866-999-3322 within U.S. for
non-case specific inquiries and
1-866-692-7487 specific claims inquiries**

- a. The Office of Workers' Compensation Programs (OWCP) administers four major disability compensation programs that provide wage replacement benefits, medical treatment, vocational rehabilitation and other benefits to certain federal civilian employees, both U.S. citizens and Foreign Service nationals or their dependents who experience work-related injury and occupational disease.
- b. The Division of Coal Mine Workers' Compensation administers the Black Lung Benefits Act that provides monthly payments and medical benefits to coal miners totally disabled from pneumoconiosis (black lung disease) arising from their employment in or around the nation's coal mines. The Act also provides monthly benefits to a miner's dependent survivors.

7 FAM 561 WHAT IS THE CONSULAR OFFICER'S AUTHORITY AND RESPONSIBILITY REGARDING THE WORKERS' COMPENSATION PROGRAM FOR FEDERAL EMPLOYEES AND THE BLACK LUNG BENEFITS PROGRAM?

7 FAM 561.1 Authorities

(TL:CON-74; 04-27-2004)

- 22 U.S.C. 3904 (3) (Functions of Service)
- 5 U.S.C. 8101-8150 (Federal Employees' Compensation Act)
- 30 U.S.C. 801 (The Federal Coal Mine Health and Safety Act of 1969, as amended)

7 FAM 561.2 What is the Role of the Consular Officer?

(TL:CON-83; 08-25-2004)

Federal law mandates entitlement to Federal benefits. Each Federal benefits-paying agency establishes policies and procedures under which the laws are administered. When policies and procedures are applied outside the United States, your assistance is required. See DOL Employee Standards Administration Contacts website.

7 FAM 561.3 What is the Role of CA/OCS/PRI?

(TL:CON-83; 08-25-2004)

The Office of Policy Review and Interagency Liaison (PRI) is the Department's liaison with the Department of Labor (DOL) and other Federal benefits-paying agencies and consular posts abroad as well as with members of the public and Congress. PRI provides guidance, disseminates information and implements new procedures regarding Workers' Compensation Programs and the Black Lung Benefits Program.

7 FAM 562 ARE THERE LIMITATIONS ON CONSULAR OFFICERS REGARDING THE WORKERS' COMPENSATION PROGRAM AND THE BLACK LUNG BENEFITS PROGRAM, AND DISCLOSURE OF INFORMATION (PRIVACY ACT)?

(TL:CON-83; 08-25-2004)

Information contained in a name-retrievable system of records concerning beneficiaries/claimants under the Federal Employees' Compensation Act and the Black Lung Benefits Program may not be disclosed except:

- As expressly authorized by DOL
- By written authorization by the individual who is the subject of the record, or
- In accordance with the 12 exceptions to the conditions of disclosure in the Privacy Act, as amended (5 U.S.C. 552a (b)(1)-(12). See CA/OCS Intranet Privacy Act Feature.

Any unauthorized disclosure is subject to criminal penalties pursuant to 5

U.S.C. 552a (Privacy Act, as amended).

7 FAM 563 WORKERS' COMPENSATION PROGRAM FOR CURRENT, RETIRED OR FORMER FEDERAL EMPLOYEES RESIDING ABROAD

7 FAM 563.1 How Does a Claimant Apply for Workers' Compensation Benefits Abroad?

(TL:CON-74; 04-27-2004)

Applications for benefits under the Federal Employee's Compensation Act (FECA) incident to deaths and injuries sustained in the performance of duty by **State Department employees** are processed in accordance with 3 FAM 3630.

Active State Department and other active federal agency employees should be referred to the post's Human Resources offices.

Non-federal workers should be advised to contact their employer's Human Resources Office for guidance in reporting workers' compensation claims.

7 FAM 563.2 Medical Examinations

(TL:CON-74; 04-27-2004)

- a. If necessary, the OWCP will send you a written/electronic request to arrange a medical examination for employees who claim to have experienced a work-related injury or occupational disease.
- b. The request letter will:
 - Usually serve as authorization for the examination
 - Provide a specific list of questions the physician must address
 - Enclose copies of relevant factual and/or medical evidence, if appropriate

7 FAM 563.2-1 What is the Role of the Consular Officer?

(TL:CON-74; 04-27-2004)

- a. Schedule examinations with U.S. medical officers from the Armed Services, Public Health Services or a physician serving in a civilian capacity in reasonable proximity to the claimant whenever possible.
- b. Inform the examinee of the date, time and place of the examination.
- c. Advise the physician to send a narrative report to the post for forwarding to OWCP and send it to:

U. S. Department of Labor
Office of Workers' Compensation Programs
District 25
P. O. Box 8300
London, KY 40742-8300

(The report should not be given to the examinee.)

- d. Advise claimant/provider that all claim forms (CA-1, CA-2, CA-7, CA-15, etc. (available at DOL Employee Standards Administration site (owcp and/or dfec) should be sent to:

U. S. Department of Labor
Office of Workers' Compensation Programs
(OWCP/DFEC)
Room 800
800 North Capitol Street
Washington, DC 20211

Provide the claimant with Form OWCP-957 Medical Travel Refund Request if he/she is required to travel 12 or more hours for the service, and requests reimbursement for expenses for transportation and overnight accommodations. Reimbursement is pre-approved in accordance with GSA authorized amounts. An explanatory letter and itemized receipts may be used in lieu of Form OWCP-957. You submit the claim with receipts to OWCP, preferably with the examination report.

If an employee refuses to submit to a required examination, his/her right of compensation will be suspended. You should report refusal results to:

**U. S. Department of Labor
Office of Workers' Compensation Programs
800 North Capitol Street NW, Room 800
Washington, DC 20211
202-513-6816**

7 FAM 563.2-2 Medical Examination Payments

(TL:CON-74; 04-27-2004)

- a. It is preferable that providers submit their bills on the American Medical Association Standard Health Insurance Claim Form (HFCA-1500). However, because some of the information is not applicable to medical providers outside the U.S., alternate forms are acceptable so long as they include the following information:
 - Claimant's name
 - Claim number
 - Provider's name and full address
 - Date of service
 - Description of service or supply
 - Amount of bill
- b. The provider should sign the form.
- c. All charges must be reasonable and customary and not in excess of prevailing costs for such services in the locality. OWCP/DFEC reimburses the physician and/or the employee directly.
- d. Send medical bills to:

U.S. Department of Labor
Office of Workers' Compensation Program
Room 800
800 North Capitol Street., NW
Washington, DC 20211
202-513-6840

It is the responsibility of the employing agency to provide translations of medical documents/reports. (OWCP has limited translation services available.)

7 FAM 563.3 How do Recipients Receive Their Benefit Checks?

(TL:CON-74; 04-27-2004)

Workers' Compensation Program payments for employees residing abroad are paid by U.S. Treasury checks issued by the Philadelphia Regional Financial Center. Benefit payments are generally sent directly to the claimant's address. However, depending on the reliability of the local postal system, checks may be sent to posts via APO/FPO or the Department's

Diplomatic Pouch Facility for dispatch to posts where they are then distributed to the recipients.

7 FAM 563.3-1 What if a Benefit Check isn't Received?

(TL:CON-83; 08-25-2004)

The claimant must promptly report the loss or nonreceipt of DOL checks in writing to the responsible office. The Regional Office will review the situation and submit a re-issue request to the Department of the Treasury (Philadelphia Regional Financial Center) and/or advise the claimant accordingly. (See 7 FAM 523.)

The Regional Office needs to know:

- Name and current address of the beneficiary
- Beneficiary's identification/claim number
- Date of the check (e.g. January 2, 2002)

7 FAM 563.3-2 Inquiries

(TL:CON-74; 04-27-2004)

You should direct benefit inquiries to the claimant's supervisor or to:

U. S. Department of Labor
Office of Workers' Compensation Programs
(OWCP/DFEC),
Room 800
800 North Capitol Street
Washington, DC 20211
202-513-6816

7 FAM 563.3-3 Change of Address

(TL:CON-74; 04-27-2004)

The claimant must submit changes of address over his/her signature to OWCP at the address above.

7 FAM 563.4 Antifraud Enforcement Questionnaire

(TL:CON-74; 04-27-2004)

- a. Annually, beneficiaries are asked to complete Form CA-1032 for Disabled Claimants or Form CA-12 Claim for Continuance of Compensation under the Federal employees' Compensation Act for widows/widowers. OWCP also requires each beneficiary to submit an updated Medical Report of his/her accepted condition annually. If the claimant fails to respond, a

second CA-12 is issued. If the claimant fails to respond to the second notice, OWCP suspends compensation until the claimant complies.

- b. Forms and requests are sent to the Federal Benefits Unit for distribution to the beneficiary. Responses should be returned within 30 days to:

U. S. Department of Labor
DFEC Central Mailroom
P. O. Box 8300
London, KY 40742-8300

7 FAM 564 BLACK LUNG BENEFITS PROGRAM

(TL:CON-83; 08-25-2004)

202-693-0048

U.S. Toll-free Number: 1-800-347-2503

FAX: 202-693-1395

E-mail: NORCW@FBLP.DOL-ESA.GOV

The program provides monthly benefits as well as two types of medical services related to black lung disease:

- Diagnostic testing for all miner-claimants to determine the presence or absence of black lung disease and the degree of associated disability
- Medical coverage for treatment of black lung disease and disability for miners entitled to monthly benefits

7 FAM 564.1 How does a Claimant apply for Benefits Abroad?

(TL:CON-74; 04-27-2004)

Claimants must complete the appropriate Department of Labor forms as indicated below:

- **Living miners** submit Form CM-911 Miner's Claim for Benefits Under the Federal Coal Mine Health and Safety Act of 1969, as amended.
- **Surviving widows, surviving children or orphans, dependent parents, brothers or sisters**, submit Form CM-912.

A completed Form CM-911a History of a Coal Mine Employment History must also accompany all application forms.

Unless the miner was awarded benefits pursuant to a claim filed before 1982, a survivor

must establish that pneumoconiosis was a substantially contributing cause of the miner's death to be entitled to benefits.

7 FAM 564.1-1 Development of Evidence

(TL:CON-74; 04-27-2004)

- a. This section applies to claims filed after January 19, 2001. Prior claims may have different requirements.
- b. The DOL District Director (DD) or a claims examiner:
 - Receives the complete history of the miner's employment from the claimant.
 - Gathers other evidence regarding the nature and duration of the miner's employment and any other information necessary to resolve the claim.
 - Authorizes a complete pulmonary evaluation paid for by the Black Lung Disability Trust Fund for claims filed by or on behalf of a miner.
 - Obtains whatever medical evidence is necessary and available to evaluate the claim for claims filed by or on behalf of a survivor.

Also see 7 FAM 533.5.

7 FAM 564.1-2 Who is Responsible for the Payment of Benefits?

(TL:CON-74; 04-27-2004)

The last coal mine operator for whom the miner worked for a cumulative period of at least one year is usually responsible for the payment of benefits; however, the Black Lung Disability Trust Fund pays benefits when:

- The miner's last coal mine employment was before 1/1/70.
- There is no liable coal mine operator.
- The miner's most recent employment of at least one year with an operator ended while the operator was authorized to self-insure, and such operator is no longer financially capable of securing benefit payments.

7 FAM 564.1-3 Where to Send Claims

(TL:CON-74; 04-27-2004)

Claims for benefits under the Black Lung Benefits Program should be submitted to:

U.S. Department of Labor
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation
200 Constitution Avenue, NW
Washington, DC 20210

7 FAM 564.2 How do Recipients Receive their Regular Benefit Checks?

(TL:CON-83; 08-25-2004)

- a. Benefit checks are sent monthly in bulk shipment to the beneficiary via the Department of State Diplomatic Pouch Facility. They are then dispatched to posts via the first available pouch for recipients in those locales. A check list showing the claim number, check number and the amount of each check is enclosed.
- b. See 7 FAM 523 to report missing or misdirected checks.
- c. Monthly benefits are payable to:
 - A coal miner who is totally disabled due to pneumoconiosis (black lung disease), resulting from employment in U.S. coal mines. The miner's payment may be augmented to provide for a dependent wife, a divorced wife, or children
 - The widow, child, surviving divorced wife, parent, brother or sister of a miner who:
 - Was entitled to black lung benefits at the time of death
 - Was totally disabled by pneumoconiosis at the time of death, or
 - Died from pneumoconiosis

7 FAM 564.3 Medical Services

(TL:CON-74; 04-27-2004)

The Black Lung Benefits Program provides two types of medical services:

- Diagnostic testing for all miner-claimants to determine the presence or absence of black lung disease and the degree of associated disability
 - Includes a chest x-ray, pulmonary function study (breathing test), arterial blood gas study, and a physical examination
- Medical coverage for treatment of black lung disease and disability for miners entitled to monthly benefits

- Includes, but is not limited to, costs for prescription drugs, office visits, and hospitalizations
- Also provided, with specific approval, are items of durable medical equipment, such as hospital beds, home oxygen, and nebulizers; outpatient pulmonary rehabilitation therapy; and home nursing visits

7 FAM 564.4 Medical Examinations

(TL:CON-74; 04-27-2004)

Claimants may contact you regarding a medical examination needed to determine whether they have black lung disease. You will have to seek specific guidance from the Black Lung Program Division (see 7 FAM 564). A claims examiner will be assigned and in most cases he/she will then correspond directly with the claimant.

7 FAM 564.4-1 Where to Send Medical Bills

(TL:CON-74; 04-27-2004)

Include the claimant's Social Security number with all claims.

- a. Providers should submit bills for medical examinations or other medical services for new claimants for black lung benefits to the District Director or claims examiner at the Department of Labor for payment.
- b. If a former miner is already receiving payments, bills for medical services only should be sent to:

U. S. Department of Labor
4459 Forbes Blvd.
Lanham, MD 20706
1-800-638-7072

- c. Physicians and medical facilities will be reimbursed directly by OWCP.

7 FAM 565 Through 569 Unassigned